1294912

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL				
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated average burden					
nours her respoi	nsa .15 M				

SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED

Name of Offering (X) check if this is an amendment and name has changed, and indicate change.)	Mombarghin Internate
Tipton Street, LLC Offering of Limited Liability Companifiling Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6).	
Type of Filing: New Filing Amendment	A OFOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	( OCT 1 & 2004 )
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Tipton Street, LLC	185
Address of Executive Offices (Number and Street, City, State, Zip Code)  200 East Main St., Suite 700, Johnson City, TN 37604	Telephone Number (including Area Code) (423) 952-1872
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)  Same	Same
Brief Description of Business	
Acquisition, renovation and construction of buildings for residential use  Type of Business Organization	retail, commercial and
	lease specify):
business trust limited partnership, to be formed limit	ted liability company
Month Year	FAUCESSED
Actual or Estimated Date of Incorporation or Organization: O	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	OCT 20 2004 E
GENERAL INSTRUCTIONS	
Federal:	THOMSON
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D c 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. of 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reportereto, the information requested in Part C, and any material changes from the information previously supplement be filed with the SEC.	
Filing Fee: There is no federal filing fee.	•
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requested for the following:		•	
Each promoter of the issuer, if the issuer has been organized with	ithin the past five years;		
Each beneficial owner having the power to vote or dispose, or dir	ect the vote or disposition	on of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of	corporate general and m	: lanaging partners of	partnership issuers: and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	, 5	3 ,5 (	
- Detail general and managing parties of parties and issues.			
Check Box(es) that Apply:   Promoter   Beneficial Owner	X Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>	
Tessier, Charles W.			
Business or Residence Address (Number and Street, City, State, Zip Co	ide)	<del> </del>	
46 Haywood Street, Suite 340, Asheville,			
Check Box(es) that Apply:   Promoter  Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Miller, B. J.	•		
Business or Residence Address (Number and Street, City, State, Zip Co			
200 East Main Street, Suite 702, Johnson		7604	
			C Canada and/an
Check Box(es) that Apply: Tomoter Beneficial Owner	Executive Office	n Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Jones, Timothy P.			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
824 E. Myrtle Avenue, Johnson City, IN	37601	1	
Check Box(es) that Apply: 🔀 Promoter 📗 Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Wilson, Guy B.			
Business or Residence Address (Number and Street, City, State, Zip Co		.U4	
525 N. State of Franklin Road, Johnson	Oxcy,	<del></del>	
Check Box(es) that Apply:   Promoter Beneficial Owner  Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Urban Redevelopment Alliance, LLC			
Business or Residence Address (Number and Street, City, State, Zip C	ode)		
200 East Main Street, Suite 700, Johnson	on City, IN 3	37604	
Check Box(es) that Apply: Promoter Beneficial Owner		er Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>	
Business or Residence Address (Number and Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State; Zip C	'ode)		· · · · · · · · · · · · · · · · · · ·
Dustiness of reestablish Address (rauthor) and Street, City, State; Zip C	-		
(Use blank sheet, or copy and use	e additional copies of th	is sheet, as necessar	y)

B. INFORMATION ABOUT OFFERING.							
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							
Answer also in Appendix, Column 2, if filing under ULOE.	········ <b>X</b>						
2. What is the minimum investment that will be accepted from any individual?							
3. Does the offering permit joint ownership of a single unit?	Yes No 🔀						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any							
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the office of a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of a broker or dealer, you may set forth the information for that broker or dealer only. Not Applicable	ering. a state f such						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·						
Passions of Residence (Realists (Realists and Origon, City), State, Elip Code)							
Name of Associated Broker or Dealer	_						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)	All States						
AL) AK AZ AR CA CO CT DE DC FL G	A HI ID						
IL IN IA KS KY LA ME MD MA MI M							
MT NE NV NH NJ NM NY NC ND OH O							
RI SC SD TN TX UT VT VA WA WV W	VI WY PR						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer							
Name of Associated Broker or Dealer							
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	All States						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  IL IN IA KS KY LA ME MD MA MI M	A HI ID M MS MO						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  (IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NJ NM NY NC ND OH O	FA HI ID  N MS MO  K OR PA						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NJ NM NY NC ND OH O  RI SC SD TN TX UT VT VA WA WV V	FA HI ID  N MS MO  K OR PA						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  (IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NJ NM NY NC ND OH O	FA HI ID  N MS MO  K OR PA						
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Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	FA HI ID  N MS MO  K OR PA						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  (IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NJ NM NY NC ND OH O  RI SC SD TN TX UT VT VA WA WV V  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	FA HI ID  N MS MO  K OR PA						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  (IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NI NM NY NC ND OH O  RI SC SD TN TX UT VT VA WA WV V  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	All States						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL G  (IL IN IA KS KY LA ME MD MA MI M  MT NE NV NH NJ NM NY NC ND OH O  RI SC SD TN TX UT VT VA WA WV V  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL C	FA HI ID N MS MO N OR PA WI WY PR						
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	GA HI ID  N MS MO  K OR PA  WI WY PR  All States  GA HI ID						

## COFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ļ.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	s	\$
	Other (Specify Limited Liability Company Membership Interests.	s 1,055,000	\$
	Total	s 1,055,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
;		investors	of Purchases
	Accredited Investors	11	s 700,000
	Non-accredited Investors	2	s_50,000
•	Total (for filings under Rule 504 only)		5
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		s
	Rule 504	-,	\$
•	Total	·	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	. ·	
	Transfer Agent's Fees		S
	Printing and Engraving Costs		s500
	Legal Fees	<u>I</u>	s 16,550
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Filing Fees		s <u>950</u>
	Total		s 18,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	KOCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$1,037,000</u>
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	] \$	\$
	Purchase of real estate	]\$	X \$ 635,750
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities	]\$	<b></b> \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7 <b>\$</b>	□\$
	Repayment of indebtedness		
	Working capital		
	Other (specify): Development Services	as 52.970	□ \$
	[2	¥ <del>-2-3-2-0</del>	□ *
	Marketing	¶\$ <u>30,000</u>	X \$ 15,000
	Column Totals	\$ <u>181,208</u>	X \$ 855,792
	Total Payments Listed (column totals added)	_	<u>037,00</u> 0
	D. FEDERAL SIGNATURE		
igr	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	ion, upon writter	
ssı	ner (Print or Type) Signature D	ate	
ΊI	PTON STREET, LLC Signature	October 6	, 2004
lar	ne of Signer (Print or Type)  Title of Signer (Print or Type)		
<u>ن</u> ا`	nothy P. Jones President and Chief Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	
	See A	Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	arnish to any state administrator of any state in which this notice is filed a notice on d by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished
4.1		suer is familiar with the conditions that must be satisfied to be entitled to the Unate in which this notice is filed and understands that the issuer claiming the availating that these conditions have been satisfied.
	uer has read this notification and knows the conte athorized person.	nts to be true and has duly caused this notice to be signed on its behalf by the unders
Issuer (	(Print or Type)	Signature Date
CIPTO	ON STREET, LLC	Vernath Rome October 6, 2004
Name (	Print or Type)	Title (Print or Type)
Timot	thy P. Jones	President and Chief Manager

### Instruction:

Timothy P. Jones

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX 3 4 2 5 -Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited No State Yes Investors Investors. Amount Amount Yes No AL ΑK ΑZ AR CA CO CT DE DC FL GA HI $\mathbb{D}$ IL IN KS KY. LA. ΜE MD MA М MN MS

				APPI	INDIX				
1	Intend to non-a investor	to sell coredited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		5 Disquali under Sta (if yes, explana waiver (Part E-	te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
ΜŢ									
NE								•	
· NV									
NH									
NJ		·						-	
NM								* .	
ΝΥ									
ИC	X		ILC Interest \$1,055,000	5	400,000	1	20,000		X
ND		-							······································
ОН		_					· · · · · · · · · · · · · · · · · · ·		
OK									
OR	· .								
PA							_		
RI									
SC	<u> </u>	-						ļ	
SD	1		TTC T-1					<u> </u>	
TN	X		ILC Interest \$1,055,000	6	300,000	1	30,000	-	X
TX				<u> </u>					
UT								<u> </u>	
VT								1.	
VA					-				
WA								-	<u> </u>
WV	1				<u> </u>		<u> </u>		
WI				<u> </u>					

			The second secon	appi	ENDIX;				
1	to non-a	2 to sell ccredited s in State	3 Type of security and aggregate offering price offered in state		amount pu	4 investor and rchased in State		under Sta (if yes, explana waiver	ation of granted)
State		-Item 1)	(Part C-Item 1)	Number of Accredited Investors	(Part	C-Item 2)  Number of Non-Accredited Investors	Amount	(Part E	-Item 1) No
. WY	:								
PR									